

TOWN OF ARLINGTON



Recreation Department

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***EMPLOYMENT/VOLUNTEER APPLICATION***

THE TOWN OF ARLINGTON IS AN EQUAL OPPORTUNITY EMPLOYER

☐ NEW APPLICANT

☐ RETURNING APPLICANT

DATE OF APPLICATION \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

D.O.B. \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

(optional- will be required upon employment)

ADDRESS \_\_\_\_\_ TOWN, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

APPLYING FOR POSITION OF \_\_\_\_\_

Would you be interested in another position if the position for which you are applying is not available? \_\_\_\_\_

**EDUCATION:**

HIGH SCHOOL \_\_\_\_\_ YEAR OF GRADUATION \_\_\_\_\_

COLLEGE \_\_\_\_\_ YEAR OF GRADUATION \_\_\_\_\_

MAJOR \_\_\_\_\_

EXTRACURRICULAR ACTIVITIES \_\_\_\_\_

**QUALIFICATIONS:**

**What type of recreational work have you done previously? (please list specifics)**

<i>EMPLOYER</i>	<i>TITLE</i>	<i>DUTIES</i>	<i>DATES EMPLOYED</i>
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_____	_____	_____	_____
_____	_____	_____	_____

**What experience do you have in working with children? How many years experience total?**

\_\_\_\_\_  
\_\_\_\_\_

**What activities are you capable of leading?**

\_\_\_\_\_  
\_\_\_\_\_

**What other types of employment have you held (aside from recreation experience)?**

<i>EMPLOYER</i>	<i>TITLE</i>	<i>DUTIES</i>	<i>DATES EMPLOYED</i>
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_____	_____	_____	_____
_____	_____	_____	_____

**Please list any other information about yourself that you would like us to know:**

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**Please circle any of the following current qualifications you have:**

CPR      FIRST AID      LIFEGUARD      WSI      OTHER \_\_\_\_\_

**GENERAL INFORMATION**

**Do you have any relatives already employed by the Town of Arlington?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Name(s) \_\_\_\_\_

**In the past five years have you been imprisoned, on probation or fined for any violation of any law or ordinance (except parking violations)?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
(A record of conviction is not an automatic bar to employment)

**Are you a United States Citizen?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, type of visa or type of work permit \_\_\_\_\_

**Do you hold a Massachusetts Drivers License?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which class? A ☐ B ☐ C ☐ D ☐

**REFERENCES:** (Please list three adults, other than members of your family)

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**STATEMENT:**

The following statement *must* be read and *signed* in order for your application to be accepted and considered. I understand that employment with the Town of Arlington depends upon the result of satisfactory replies from my references, past employers and a favorable report on my physical examination, should one be requested; the satisfactory completion of a probationary period and a Civil Service appointment if applicable.

I hereby certify that my application form and any attachments to it contain no false information and are complete to the best of my knowledge. I am aware that if an investigation reveals misrepresentation or falsification, my application will be rejected, my name will be removed from any registers or lists, and if already employed, I may be immediately dismissed, and I may be disqualified from applying for any position with the Town of Arlington in the future. I hereby release any person or firm from any and all liability for damages pertaining to information supplied during the investigation of and processing of this application.

\_\_\_\_\_  
Signature of Applicant (do not print)

\_\_\_\_\_  
Date

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**FOR OFFICE USE ONLY**

Interview Date \_\_\_\_\_ Time \_\_\_\_\_ Interviewer \_\_\_\_\_

Program Area: \_\_\_\_\_ Position \_\_\_\_\_ Rate \_\_\_\_\_

Dates Unavailable \_\_\_\_\_

Comments: \_\_\_\_\_